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Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h) Lavaca Telephone Company, Inc. - AR

June 19, 2012

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, D.C. 20554

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313 (a)(2) through (a)(6) and (h)

Pursuant to Section 54.313(a)(2) through (a)(6) and (h) of the Federal Communications Commission's rules, enclosed are the 2012 annual reporting requirements and certifications for Lavaca Telephone Company, Inc. - AR, Study Area Code 401704.

Lavaca Telephone Company, Inc. - AR is a state-designated ETC. For its July 2, 2012 submission the attachment summarizes the relevant information for §54.313 (a)(2) through (a)(6). For 54.313(a)(2) though (a)(3) the information was not required to be collected during 2011 by the state commission, and therefore is exempted pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., Order, 27 FCC Rcd 606, 608 (2011). The only relevant report required by the state commission is attached and pertains to 54.313(a)(4). It is a 2011 Arkansas Public Service Commission Quality of Service Report. Lavaca Telephone Company, Inc. - AR is also submitting the required certifications for 54.313(a)(5) and (a)(6).



Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h) Lavaca Telephone Company, Inc. – AR

Additionally, Lavaca Telephone Company, Inc. - AR has attached the requested rate floor information covered in Section 54.313(a)(h).

Should you have any questions, please contact me via email at keithg@pinncom.com or by phone at 479-674-2211.

Sincerely,

Keith Gibson President

Enclosures

Cc: Ms. Jan Sanders

Arkansas Public Service Commission

P.O. Box 400

1000 Center Street Little Rock, AR 72203

Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)

WC Docket No. 10-90

| § 54.31 | 3(a)(2) – Outage reporting |
|----------|---|
| <u>X</u> | My company was not required to collect this information in 2011. |
| | My company collected this information pursuant to state utility commission requirement. A copy of the report is attached. |
| § 54.31 | 3(a)(3) – Unfulfilled service requests |
| X | My company was not required to collect this information in 2011. |
| | My company collected this information pursuant to state utility commission requirement. A copy of the report is attached. |
| § 54.31 | 3(a)(4) – Customer complaints per 1000 connections |
| | My company was not required to collect this information in 2011. |
| <u>X</u> | My company collected this information pursuant to state utility commission requirement. A copy of the report is attached. |
| § 54.31 | 3(a)(5) – Service quality standards and consumer protection rules |
| | tify that the reporting carrier is in compliance with applicable service quality standards and |

§ 54.313(a)(6) – Ability to function in emergency situations

I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. (Please enter your Company Name, State and Study Area Code)

| Company Name | State | Study Area Code | | |
|----------------------------------|-------|-----------------|--|--|
| Lavaca Telephone Company, Inc AR | AR | | | |
| | | | | |
| | | | | |
| | | | | |

(If necessary, attach a separate list of additional study areas and check this box.)

| Signed, |
|-------------------------------------|
| Kith Jalan |
| [Signature of Corporate Officer |
| Keith Gibson |
| [Printed Name of Corporate Officer] |
| President |

[Title of Corporate Officer]

Carrier's Name Lavaca Telephone Company, Inc. - AR
Carrier's Address P. O. Box 230, 301 Hwy 96 SW, Lavaca, AR, 72941
Carrier's Telephone Number (479) 674-2211

June 19, 2012

Date:

Company Name Lavaca Telephone Company, Inc. dba Pinnacle Communications

| | | | A | PSC SE | RVICERE | REORMA | NGE REPO | ORI-TE | 39.01 40 .0 | 110.06 | | | | |
|----------------|----------|---------------------------------|-------------|------------|---------|---------|----------|---------|--------------------|---------|----------------|----------|---------|----------|
| | Line No. | | Jan | - Eeb | Mar Mar | Apr | AND MAY | Jun' 👢 | Jul | Aua | Seb | Ont | - Nov | C Dec of |
| | | Trouble Reports TPR 10.06 | | 73-18-12-1 | | | | | | | 700000 F. 2000 | | | |
| Exchange Name: | 1 | Access Lines | 1152 | 1155 | 1150 | 1148 | 1143 | 1135 | 1122 | 1118 | 1120 | 1110 | 1104 | 1101 |
| Lavaca | 2 | Total Trouble Rpts. | 29 | | 27 | 34 | 39 | 26 | 21 | 37 | 30 | 24 | 28 | 35 |
| Switch Mfg: | 3 | Deregulated | 28 | 16 | 20 | 17 | 23 | 19 | 17 | 16 | 16 | 12 | 20 | 23 |
| Nortel | 4 | Excluded | | | | | 0 | | | | | | | |
| NXX: | 5 | Measurable Rpts. | 1 | 8 | 7 | 17 | 16 | 7 | 4 | 21 | 14 | 12 | 8 | 12 |
| 674 | 6 | Trouble Index | 0.09 | 0.69 | 0.61 | 1.48 | 1.4 | 0.62 | 0.36 | 1.88 | 1.25 | 1.08 | 0.72 | 1.09 |
| | | Service Outage Restoration TR | P 10.01 | | | | | | | | | | | |
| | 7 | Total OOS Rpts. | 9 | | 15 | 24 | 22 | 14 | 10 | 27 | 23 | 18 | 20 | 18 |
| | 8 | Deregulated | 8 | 5 | 8 | 7 | 8] | 7] | 6 | 7 | 9 | 6 | 12 | 7 |
| | 9 | Excluded | | | | | | | | | | | | |
| | 10 | Measurable Rpts. | 1 | 8 | 7 | 17 | 14 | 7 | 4 | 20 | 14 | 12 | 8 | 11 |
| | 11 | Restored W/I 24 Hrs | 1 | 8 | 7 | 17 | 14 | 7 | 4 | 16 | 14 | 12 | 8 | 11 |
| | 12 | Percentage | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 80.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | | Application for Service 5 days | | | | | | | | | | | | |
| | 13 | Total Applications | 13 | | 7 | 7 | 8 | 2 | 2 | 9 | 9 | 6 | 5 | 10 |
| | 14 | W/I 5 Days | 12 | | 7 | 6 | 7 | 2 | 2 | 9 | 7 | 5 | 5 | 10 |
| | 15 | Percentage | 92.30% | 77.80% | 100.00% | 85.70% | 87.50% | 100.00% | 100.00% | 100.00% | 77.80% | 83.30% | 100.00% | 100.00% |
| | 200616 | Application for Service 30 days | 1PR 9.01 | - 61 | | | | | ——— | | | | | |
| | 16 | Total Applications | 1 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | <u> </u> | 0 | |
| | 17 | W/I 30 Days | 100.00% | | 0 | | 0 | | | | | | | |
| | 18 | Percentage | 100.00% | | | | | 1 | | | | | | |

Name and address of person to contact regarding this information:

P. O. Box 230 Lavaca, AR 72949

NOTE: Create a tab to represent each exchange

Jan-over 5 days-no power to ups-left note-could not make contact w/customer.

Feb-over 5 days-1 ground to wet-snow; 1 customer not ready after putting in app.

April-over 5 days-customer not ready-made contact many times.

May-over 5 days-customer not ready-waiting on electric.

August-OOS-over 24 hrs. Alarms-no access

October-LM over days-customer delay on closing of home.

Received & Inspected

JUN 26 2012

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| Certification of | of ()fficer as to | The Accuracy | Of the Data Re | enorted for the | Rate Floor Data |
|------------------|-------------------|--------------|----------------|-----------------|-----------------|

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

| l avaca T | elephone Compan | v Inc - AR | | |
|---|-----------------------------------|--|---------------------|---|
| Name of Reporting Carrier Lavaca | elephone compan | y, 1110 AT | | |
| Signature of authorized officer | lan Sil | rjon | | _{Date} 6/13/2012 |
| Printed name of authorized officer Dea | n Gibson | | | |
| Title or position of authorized officer Vic | ce-President | | | |
| Telephone number of authorized officer | (479), 674-2211 _{, ext.} | | | |
| Study Area Code of Reporting Camer | 401704 | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2012 | |
| I certify that our company receives o | r is projected to receive High (| Cost Loop Support or High Cost Model Support | n 2012 and has no m | nonthly residential rates (plus charges |